

This portion MUST be returned with your payment to ensure proper credit. THANK YOU



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|--------------------------|
| ACCOUNT BILLED |
| STAR STONE QUARRIES, INC |

| |
|--------------|
| PROJECT NAME |
| ROSEBUD |

| |
|------------|
| PROJECT ID |
| M030026 |

| | |
|------------|------------|
| DUE DATE | ANNUAL FEE |
| 07/28/2000 | \$ 350 |

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| AMOUNT DUE |
| \$ 350 |

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|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

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| TAX ID OR SOCIAL SECURITY # |
| |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

| | |
|-------------------|---------------------|
| Change of Address | |
| Contact | RECEIVED |
| Address | SEP 25 2000 |
| | DIVISION OF |
| | OIL, GAS AND MINING |
| State | Zip |
| Phone | |

Please make check payable to:
Division of Oil, Gas and Mining